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SERIAL NUMBER 10/629,975	FILING OR 371(c) DATE 07/30/2003 RULE	CLASS 435	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. TLAB.109338
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**** CONTINUING DATA *******
 This application is a DIV of 10/002,842 11/14/2001 PAT 7,192,724
 which claims benefit of 60/248,288 11/14/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 10/31/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY VA	SHEETS DRAWING 0	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 3
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

ADDRESS
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TITLE
 METHOD FOR MONITORING GASTROINTESTINAL INFLAMMATION IN PERSONS WITH INFLAMMATORY BOWEL DISEASE(IBD)

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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